

 REISSUE PATENT APPLICATION TRANSMITTAL  JCS U.S. PTO	Attorney Docket No.	0039-7451-2S REISSUE
	First Named Inventor	NAOHISA KAMIYAMA
	Original Patent Number	5,694,937
	Original Patent Issue Date	DECEMBER 9, 1997
	Title	ULTRASOUND DIAGNOSTIC APPARATUS AND METHOD

JC584 U.S. PTO 09/458235 12/09/99

APPLICATION FOR REISSUE OF: <input checked="" type="checkbox"/> Utility Patent <input type="checkbox"/> Design Patent <input type="checkbox"/> Plant Patent	
APPLICATION ELEMENTS ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (Submit an original and a duplicate for fee processing) 2. <input checked="" type="checkbox"/> Specification and claims 3. <input checked="" type="checkbox"/> Drawing(s) 4. <input type="checkbox"/> Reissue Oath or Declaration 5. Original U.S. Patent <input checked="" type="checkbox"/> Offer to surrender original patent or <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Affadavit / Declaration of Loss 6. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No if yes, check applicable boxes <input type="checkbox"/> Written Consent of all Assignees <input checked="" type="checkbox"/> 37 C.F.R. §3.73(b) Statement with a copy of Assignment <input type="checkbox"/> Power of Attorney	ACCOMPANYING APPLICATION PARTS 7. <input checked="" type="checkbox"/> Transfer drawings from Patent File 8. <input checked="" type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) 9. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 10. <input type="checkbox"/> English Translation of Reissue Oath/Declaration 11. <input type="checkbox"/> Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application. Status still proper and desired. 12. <input type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> White Advance Serial No. Postcard 14. <input checked="" type="checkbox"/> Other: Letter Requesting Approval of Drawing Change w/Fig. 5 marked in red
15. CORRESPONDENCE ADDRESS OBLON, SPIVAK, MCCLELLAND, MAIER & NEUSTADT, P.C. FOURTH FLOOR 1755 JEFFERSON DAVIS HIGHWAY ARLINGTON, VIRGINIA 22202 (703) 413-3000 FACSIMILE: (703) 413-2220	

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number

0039-7451-2s REISSUE

Claims as filed - Part 1

Claims in Original Patent	For	Number Filed in Reissue Application	Number Extra	Rate	Fee
28	Total Claims	86	58	x \$18 =	\$1,044.00
4	Independent	23	19	x \$78 =	\$1,482.00
Basic Fee (37 CFR 1.16(h))					\$760.00
<input checked="" type="checkbox"/> Late Filing of Declaration					\$130.00
Total of above calculations					\$3,416.00
<input type="checkbox"/> Reduction by 50% for filing by small entity					\$0.00
					Total Filing Fee
					\$3,416.00

- Please charge Deposit Account No. 15-0030 in the amount of _____ A duplicate copy of this sheet is enclosed.
- The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.
- A check in the amount of \$3,416.00 to cover the filing/additional fee is enclosed.

12/8/99

Date

Signature of Applicant, Attorney or Agent of Record

Eckhard H. Kuesters

28,870

Typed or printed name

Registration No:

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